


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PTO/SB/50 (08-00)
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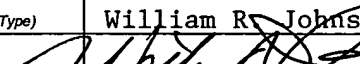
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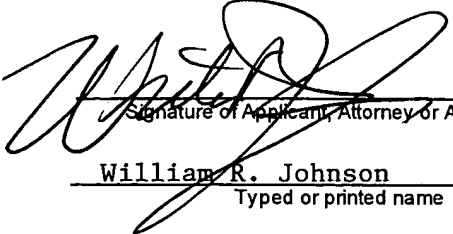
REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No. 14127.0001U1 First Named Inventor Lee G. Dante Original Patent Number 6,034,091 Original Patent Issue Date (Month/Day/Year) March 7, 2000 Express Mail Label No. EL403201815US	
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box)			
APPLICATION ELEMENTS (37 CFR 1.173) 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)		ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c). 8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Other:	
15. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label  or <input type="checkbox"/> Correspondence address below (Insert Customer Number or Bar Code Label here)			
Name 23859 PATENT TRADEMARK OFFICE			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/Type)	William R. Johnson	Registration No. (Attorney/Agent)	32,875
Signature		Date	9.28.00

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 14127.0001U1		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 7 ⁵	Total Claims (37 CFR 1.16(j))	(B) 25	**** 5 =	x \$ <u> </u> =		or	x \$ <u>18</u> = 90	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 4	* 3 =	x \$ <u> </u> =			x \$ <u>79</u> = 234	
Basic Fee (37 CFR 1.16(h))					\$ <u> </u>		\$ <u>690</u>	
Total Filing Fee					\$ <u> </u>	OR	\$ <u>1,014</u>	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ <u> </u> =		x \$ <u> </u> =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ <u> </u> =		x \$ <u> </u> =	
Total Additional Fee					\$ <u> </u>	OR	\$ <u> </u>	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>14-0629</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,014.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<p>Sept. 28, 2000 Date</p>				 Signature of Applicant, Attorney or Agent of Record <u>William R. Johnson</u> Typed or printed name				

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: John S. Nagle

Application No./Patent No.: 6,034,091 Filed/Issue Date: March 7, 2000

Method for Treating Emotional or Mental Illness and
Entitled: Emotional or Mental Illness Concomitant with Seizures

John S. Nagle, a Individual
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest or
2. ☒ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 7663, Frame 0447, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

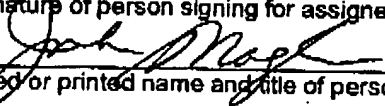
9-18-00
Date

John S. Nagle
Signature
John S. Nagle
Typed or printed name

Assignee
Title

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REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT		Docket Number (Optional) 14127.0001U1
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Lee G. Dante		
Patent Number 6,034,091	Date Patent Issued March 7, 2000	
Title of Invention Method for Treating Emotional or Mental Illness and Emotional or Mental Illness Concomitant with Seizures		
I am the inventor of the original patent. I offer to surrender the original patent. 1. <input checked="" type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b). 2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made. One of boxes 1 or 2 above must be checked. The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.		
Signature		Date
Typed or printed name Lee G. Dante		
The assignee owning an undivided interest in said original patent is <u>John S. Nagle</u> and the assignee consents to the accompanying application for reissue.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
Name of assignee John S. Nagle		
Signature of person signing for assignee 		Date 9-18-00
Typed or printed name and title of person signing for assignee John S. Nagle		

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REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT		Docket Number (Optional) 14127.0001U1
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee(s) Lee G. Dante		
Patent Number 6,034,091	Date Patent Issued March 7, 2000	
Title of Invention Method for Treating Emotional or Mental Illness and Emotional or Mental Illness Concomitant with Seizures		
<p>I am the inventor of the original patent.</p> <p>I offer to surrender the original patent.</p> <p>1. <input checked="" type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b).</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked.</p> <p>The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.</p>		
Signature <i>Lee G. Dante</i>	Date 9/18/00	
Typed or printed name Lee G. Dante		
The assignee owning an undivided interest in said original patent is <u>John S. Nagle</u> , and the assignee consents to the accompanying application for reissue.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
Name of assignee John S. Nagle		
Signature of person signing for assignee	Date	
Typed or printed name and title of person signing for assignee John S. Nagle		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.